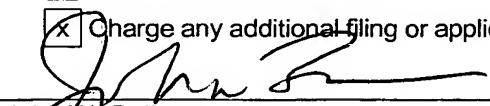




Corres. and Mail
BOX AF

MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 2993-0115P | |
|---|---|---|-----------------------------------|------------------------------|--------|
| Application No. 10/734,232-Conf. #8618 | | Filing Date December 15, 2003 | | Examiner M. A. Marcheschi | |
| | | | | Art Unit 1755 | |
| Applicant(s): Yuzhuo LI et al. | | | | | |
| Invention: NON-POLYMERIC ORGANIC PARTICLES FOR CHEMICAL MECHANICAL PLANARIZATION | | | | | |
| MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 19 | - 23 = | 0 | x | |
| Independent Claims | 2 | - 3 = | 0 | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 120.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 120.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> A check in the amount of \$ 120.00 to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  John W. Bailey Attorney Reg. No.: 32,881 | | | | Dated: September 20, 2005 | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Rd Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | |



| | | | |
|--|--------------------|--------------------------|------------------------|
| FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| | | Application Number | 10/734,232-Conf. #8618 |
| | | Filing Date | December 15, 2003 |
| | | First Named Inventor | Yuzhuo LI |
| | | Examiner Name | M. A. Marcheschi |
| | | Art Unit | 1755 |
| | | Attorney Docket No. | 2993-0115P |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 120.00 | | |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input type="checkbox"/> Deposit Account | Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | | |
|---|--------------------|---------------------|---|---------------------|-------------------------|----------------------|--------------------------------------|--|
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | | |
| | | Small Entity | | Small Entity | | Small Entity | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES | | | | | | | | |
| Fee Description | | | | | | | Small Entity | |
| | | | | | | | Fee (\$) | |
| Each claim over 20 (including Reissues) | | | | | | | 50 | |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 | |
| Multiple dependent claims | | | | | | | 360 | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | Multiple Dependent Claims | |
| _____ - 20 = _____ x _____ = _____ | | | | | | | Fee (\$) Fee Paid (\$) | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | | |
| _____ - 3 = _____ x _____ = _____ | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| _____ - 100 = _____ | | /50 | _____ (round up to a whole number) x _____ | | = _____ | | | |
| 4. OTHER FEE(S) | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | Fees Paid (\$) | |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | | | | | | | 120.00 | |

| | | | |
|---------------------|----------------|-----------------------------------|--------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 32,881 |
| Name (Print/Type) | John W. Bailey | Telephone | (703) 205-8000 |
| | | Date | September 20, 2005 |